

## Change of Designated Producer Form

NAME OF BUSINESS ENTITY: \_\_\_\_\_

DBA NAME: \_\_\_\_\_

FEIN: \_\_\_\_ - \_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

PREVIOUS NAME OF  
DESIGNATED PRODUCER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

NATIONAL PRODUCER #: \_\_\_\_\_

LINE(S) OF AUTHORITY: \_\_\_\_\_

CURRENT NAME OF  
DESIGNATED PRODUCER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

NATIONAL PRODUCER #: \_\_\_\_\_

LINE(S) OF AUTHORITY: \_\_\_\_\_

PLEASE MAIL OR FAX TO: Alabama Dept of Insurance  
Producer Licensing Division  
P.O. Box 303351  
Montgomery, AL 36130-3351  
FAX: 334-240-3282